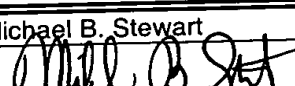


<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Attorney Docket No.</td><td>65856-0051</td></tr><tr><td>First Inventor</td><td>David L. Wadas</td></tr><tr><td>Title</td><td>PREDICTION OF DESTINATION GEAR FOR PROGRESSIVE SHIFT FEATURE</td></tr><tr><td>Express Mail Label No.</td><td>EV 078879817 US</td></tr></table>	Attorney Docket No.	65856-0051	First Inventor	David L. Wadas	Title	PREDICTION OF DESTINATION GEAR FOR PROGRESSIVE SHIFT FEATURE	Express Mail Label No.	EV 078879817 US																												
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If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Continuation    <input type="checkbox"/> Divisional    <input type="checkbox"/> Continuation-in-part (CIP)</div><div>of prior application No.: _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Prior application information: Examiner _____</div><div>Art Unit: _____</div></div> <p><b>For CONTINUATION OR DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. 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<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Customer Number: <div style="border: 1px solid black; padding: 2px; display: inline-block;">10291</div></div><div>OR <input type="checkbox"/> Correspondence address below</div></div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4">Name</td><td colspan="2">RADER, FISHMAN &amp; GRAUER PLLC</td></tr><tr><td colspan="4">Address</td><td colspan="2">Michael B. Stewart</td></tr><tr><td colspan="4">39533 Woodward Avenue</td><td colspan="2"></td></tr><tr><td colspan="4">Suite 140</td><td colspan="2"></td></tr><tr><td>City</td><td>Bloomfield Hills</td><td>State</td><td>MI</td><td>Zip Code</td><td>48304</td></tr><tr><td>Country</td><td>US</td><td>Telephone</td><td>(248) 594-0600</td><td>Fax</td><td>(248) 594-0610</td></tr></table>			Name				RADER, FISHMAN & GRAUER PLLC		Address				Michael B. Stewart		39533 Woodward Avenue						Suite 140						City	Bloomfield Hills	State	MI	Zip Code	48304	Country	US	Telephone	(248) 594-0600	Fax	(248) 594-0610
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Name (Print/Type)		Michael B. Stewart		Registration No. (Attorney/Agent)		36,018																																
Signature				Date		October 30, 2003																																

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 0;">Effective 10/01/2003, Patent fees are subject to annual revision.</p>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	Not Yet Assigned
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 770.00		Filing Date	Concurrently Herewith
		First Named Inventor	David L. Wadas
		Examiner Name	Not Yet Assigned
		Art Unit	N/A
		Attorney Docket No.	65856-0051

<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																																																																																																																																																																																	
<div style="margin-bottom: 10px;"> <input type="checkbox"/> Check    <input type="checkbox"/> Credit Card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other    <input type="checkbox"/> None         </div> <div> <input checked="" type="checkbox"/> Deposit Account:           <div style="border: 1px solid black; padding: 2px; margin-top: 5px; width: 150px;">18-0013</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px; width: 150px;">Rader, Fishman &amp; Grauer PLLC</div> </div> <p style="font-size: x-small;">The Director is authorized to: (check all that apply)</p> <div> <input checked="" type="checkbox"/> Charge fee(s) indicated below    <input checked="" type="checkbox"/> Credit any overpayments         </div> <div> <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application         </div> <div> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.         </div>	<h3 style="margin: 0;">3. 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<h3 style="margin: 0;">1. BASIC FILING FEE</h3> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770.00</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <p style="text-align: right; margin-top: 10px;"><b>SUBTOTAL (1)</b> (\$) 770.00</p>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	770	2001	385	Utility filing fee	770.00	1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		<h3 style="margin: 0;">2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</h3> <div style="margin-bottom: 10px;">             Total Claims <span style="border: 1px solid black; padding: 0 10px;">20</span> -20** = <span style="border: 1px solid black; padding: 0 10px;">0</span> x <span style="border: 1px solid black; padding: 0 10px;">0</span> = <span style="border: 1px solid black; padding: 0 10px;">0.00</span> </div> <div>             Independent Claims <span style="border: 1px solid black; padding: 0 10px;">2</span> -3** = <span style="border: 1px solid black; padding: 0 10px;">0</span> x <span style="border: 1px solid black; padding: 0 10px;">0</span> = <span style="border: 1px solid black; padding: 0 10px;">0.00</span> </div> <div>             Multiple Dependent <span style="border: 1px solid black; padding: 0 10px;">0</span> = <span style="border: 1px solid black; padding: 0 10px;">0</span> </div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small; margin-top: 10px;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> <p style="text-align: right; margin-top: 10px;"><b>SUBTOTAL (2)</b> (\$) 0.00</p> <p style="font-size: x-small; margin-top: 5px;">**or number previously paid, if greater; For Reissues, see above</p>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
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<b>SUBMITTED BY</b>		<b>(Complete if applicable)</b>	
Name (Print/Type)	Michael B. Stewart	Registration No. (Attorney/Agent)	36,018
Signature		Telephone	(248) 594-0633
		Date	October 30, 2003

<b>Fee Transmittal</b>	
<p>I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 078879817 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.</p>	
Dated: October 30, 2003	Signature:  (Alisa M. Varela)